

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048641

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 388

Primary Registration District No. 3039

Registrar's No. 120

FILED DEC 26 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DOCUMENT
1 0581			
2 0581			
3 2			
4 1			
5 2			
6			
7 2			
8 2			
9 9/160			
10 16			
11 058			
12 4-0			
13 20			
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF	

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Marceline</u>		c. CITY OR TOWN <u>Marceline</u>	
Length of stay in 1b <u>5 days</u>		Inside Limits <u>Yes</u> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>W. Curtis</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Louella Stokes</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Unknown</u> 1890
9. AGE (last birthday) <u>73</u>		10. IF UNDER 1 YEAR Months <u>73</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and state or country) <u>Macon, Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Scott Shatto</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Club</u>	
14. NAME OF HUSBAND OR WIFE <u>William (dec)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>Charles Shatto Marceline, Mo</u>		17. INFORMANT <u>Charles Shatto Marceline, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia and Bilateral Pneumonia, severe</u> DUE TO (b) <u>Second and Third Thermal Burns (1/3 body) on face</u> DUE TO (c) <u>both arms & back</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>4 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Home Burned</u>	
20c. TIME OF INJURY Hour <u>6:45</u> a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>Sept 13 63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Marceline</u>	
20g. COUNTY <u>Linn</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>Sept 23, 63</u> to <u>September 18</u> and last saw him alive on <u>Dec 18</u> Death occurred at <u>10:30</u> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Glenn A. Hoimer, MD</u>	
22b. ADDRESS <u>Marceline, Mo</u>		22c. DATE SIGNED <u>12/19/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>12/21/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cem.</u>	23d. LOCATION (City, town, or county) <u>Harden, Mo</u>
24. FUNERAL DIRECTOR <u>James McLaughlin Marceline, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-20-63</u>	
26. REGISTRAR'S SIGNATURE <u>Anna Watson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gerald I. Wady

Licensed Embalmer No. 4172

P. O. Address

Brooming

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.